LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE



NAME	Access Point, Inc.
	(Here show in full the exact corporate, firm or individual name of the respondent)
LOCATED AT	1215 Twin Lakes Drive, Little Rock, AR 72205
	(Here give the location, including street and number of the respondent's main business office within the State)
COMPANY	310
COMPANY#	
	(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2018

160 160

		LETTI	ER OF TRANSMITTAL	
То:	Post Office Be	olic Service Commi ox 400 rkansas 72203-040		
7900		annual report cove ce, Suite # 1450,	ring the operation of <u>Access Point, I</u> for the year ending December 31,26	(Company)
	ce with Section 5		1935 Acts of Arkansas. ined by me, and I have executed the v	erification given below.
	3 1	•	M. A	•
			(Sig	gnature)
				P - Tax
			(Title)
		• • • •	VERIFICATION	
STATE	OF)		
COUNT	YOF) ss.)		
I, the un	dersigned,		Mike Winston, VP - Tax	of the
	A	Daink Ima	(Name and Title)	- fallowing report has
	(Compa	Point, Inc.	on my oath do say that the	e following report has
carefully e affairs of s information and that a	eared under my of examined the sa said utility in resp n, and belief; and	direction from the o me, and declare the bect to each and eve d I further say that ares contained in the	riginal books, papers, and records of se e same a complete and correct statem- very matter and thing set forth, to the b- no deductions were made before station the foregoing statements embrace all of	ent of the business and est of my knowledge, ng the gross revenues,
	•	,	MIL	
0				(Signature)
COUN	ry of face	LEAX STATE	of Virginia	
day of	APRIL U	before me this	18th	
My Con	mission Expires	12/31/2		
		emike winso	on Patter Dr	
				ature of Notary)

PATRICIA ANNE HUNTER
Notary Public
Commonwealth of Virginia
Registration No. 7533121
My Commission Expires Dec 31, 2020

LEC-2

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space for the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as those inside and outside the state.
10	Answers to all inquires may be in even dollar figures, with the cents omitted and with agreeing totals.
11	Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:					
Name Tammie King Title Compliance Reporting Specialist					
Address P.O. Drawer 200, , Winter Park, FL 32790-0200					
Telephone Number <u>407-740-3014</u>					
E-Mail tking@inteserra.com					
Give the name, address, telephone number and e-mail address of the resident agent:					
Name COGENCY GLOBAL INC. Telephone Number					
Address 1215 Twin Lakes Drive Little Rock, AR 72205					
E-Mail					

IDENTITY OF RESPONDENT

1.				act name by who only when it is p				now	'n ir	in law at the close of the year. Use the initial
			Ac	cess Point, Inc.						
2.	resp	oon	dent		he y	еаг,				he main Arkansas business office of ent is a foreign corporation, the main
3 .		12 Li cat	215 T ttle R e by		er s			Mo of s	leai ervi	Tysons One Place Suite # 1450 an, VA 22102 vice rendered, and (b) the type of the end of the year:
	(a)	()	Electric,	()	Gas,	()	Water, (x) Telephone, () Other
	(b)	() x)	Proprietorship, Corporation,	()	Partnership, Other (describ	(be b) elov	
4.										anization, and (b) name of the proprietor or ective interest at the close of the year.
	(a)	N	Α							
	(b)									
5.	and	d (d) de		gen	eral l	law under whi			t is incorporated (b) date of incorporation, spondent was incorporated, or, if under
	(a)	N	orth (Carolina						
	(b)	4/	30/19	996						
	(c)									
6.	of /	Ark	ansa		or r					ucted any part of its business within the State hown in response to inquiry No. 1 above,
		N	Α							

7.	for e	whether respondent is a consolidated or merged company. If so, (a) give date and authority ach consolidation or merger, (b) name all constituent and merged companies, and(c) give like culars as required of the respondent in inquiry No.5 above:
	(a)	As result of a transaction completed on October 1, 2018, the Company is a direct, wholly owned subsidiary of GTT Americas, LLC ("GTTA"). GTTA is a Delaware limited liability company and direct, wholly-owned subsidiary of GTT Communications, Inc. ("GTT"), a publicly-traded Delaware corporation (NYSE: GTT). Both GTTA and GTT are headquartered at 7900 Tysons One Place, Suite 1450, McLean, Virginia 22102.
	(b)	
	(c)	
8.	(b) (the	e whether respondent is a reorganized company. If so, give (a) name of original corporation, date of reorganization, (c) reference to the laws under which it was reorganized and (d) state occasion of the reorganization, whether because of foreclosure or mortgage or otherwise, and full particulars.
	(a)	The company is not a reorganized company.
	(b)	
	(c)	
	(d)	
9.		s respondent subject to a receivership or other trust at any time during the year? No., state:
	(a)	Name of receiver or trustee:
	(b)	Name of beneficiary or beneficiaries for whom trust was maintained:
	(c)	Purpose of the trust:
	(d)	Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)
10.		the respondent act in any of the capacities listed in Paragraph (a) below during the year?No If so,
	(a)	Indicate the applicable one by using an X in the proper space:
		() Guarantor, () Surety, () Principal obligor to a surety contract, () Principalobligor to a guaranty contract.
	(b)	Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term		
Name of Director	Office Address	Beginning	End	
Mike Winston	7900 Tysons One Place, Suite # 1450, Mclean, VA 22102	10/1/2018	perpetual	
			9	

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Office Address			
VP - Tax	Name of person holding office at close of year Mike Winston	7900 Tysons One Place, Suite # 1450, Mclean, VA 22102		

GROSS ASSESSABLE REVENUES			
Description	Amount		
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$203,138		

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	0
Business	390
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	390
PBX Access Lines	0
Coin or Credit Card Paystation Access Lines	0
Company Official Access Lines (Numbers)	0
TOTAL ACCESS LINES	390

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

President/General Manager - Mike Winston, VP - Tax

COMPANY CONTACTS

Company Information						
Company Name	Company Name Access Point, Inc.					
dba						
Official Mailing Address	7900 Tysons One Place, Suite # 1450 Mclean, VA 22102					
Mailing Address for APSC Annual Assessment Invoice						

AREA	PERSON TO CONTACT	PHONE#	FAX#	E-MAIL
Annual Report	Tammie King	407-740-3014	407-740-0613	tking@inteserra.com
APSC Annual Assessment	SGA Dept	919-827-0443	919-851-5422	SGA_Dept@gtt.net
Tariffs	Sharon Thomas	407-740-3031	407-740-0613	Sthomas@inteserra.com
Property Taxes	N/A	N/A	N/A	N/A
Regulatory Affairs	Jason Brown.	919-827-0443	919-851-5422	regulatoryaffairs@gtt.net

Please list the number of utility	employees located in Arkansas	-0-